FORM AL-RI-1 (2/2004)

STATE OF ALABAMA - DEPARTMENT OF INSURANCE

TOTAL FEES: \$170

REINSURANCE INTERMEDIARY LICENSE APPLICATION

INSTRUCTIONS:

- 1. Section 1 of this form is to be completed by each applicant for license as a reinsurance intermediary. Non-resident reinsurance intermediaries must also complete Section II. If currently licensed as a reinsurance intermediary in this state, the Alabama reinsurance intermediary license number must be shown in Section I. If not currently licensed, the department will assign a number upon filing.
- 2. Filing of this application does not give authority to the reinsurance intermediary. This authority does not exist until all required items are filed and a license is issued by the Alabama Department of Insurance, and then only pursuant to a written authorization by the insurer represented by the reinsurance intermediary.
- 3. If the reinsurance intermediary is not currently licensed as such in this state, this application must be accompanied by a check or money order in the amount of \$170.00, representing an application fee of \$30.00 and a license fee of \$140.00. [Retaliatory fees may also apply. See Section II of application.] An application will be returned without processing if not accompanied by the fees as indicated above. If this application is for the renewal of an existing license, only the annual continuation of license fee of \$100.00 need be paid. Make all checks and money orders payable to "Commissioner of Insurance, State of Alabama."
- 4. If the applicant is a partnership, corporation, etc., a certificate of good standing from the Alabama Secretary of State MUST be submitted with this application.
- 5. If the applicant is to act as a Reinsurance Intermediary Manager the following items MUST be submitted with this application:
 - Original copy of fidelity bond in the amount of \$100,000. A separate bond must be filed for each reinsurer represented.
 - Copy of Reinsurance Intermediary's errors and omissions policy.
- 6. See https://aldoi.gov/Licensing/ReinsureReq.aspx for further instructions on how to remit form and payment.

OFFICERS

SOCIAL

SECURITY #

ADDRESS

DATE & PLACE

OF BIRTH

NAME,

2. State of Domicile:	1. Check one:	☐ Initial Application	☐ Renewal Application	Federal Taxpayer ID #	
Exact Name of the Reinsurance Intermediary: Check Legal Status of applicant (a partnership, corporation, etc., must submit a certificate of good standing from the Alabama Secretary of State with this application of Individual Corporation Partnership Unincorporated firm or association Limited Liability Company (a). Other names under which the reinsurance intermediary is or may be doing business in this State, or any other state, if different than above: Other names used by the reinsurance intermediary in the past:	2. State of Domic	pile:			
5. Check Legal Status of applicant (a partnership, corporation, etc., must submit a certificate of good standing from the Alabama Secretary of State with this applic lindividual Corporation Partnership Unincorporated firm or association Limited Liability Company 5. Other names under which the reinsurance intermediary is or may be doing business in this State, or any other state, if different than above: 7. Other names used by the reinsurance intermediary in the past: Second the reinsurance intermediary in the past: Second the reinsurance intermediary in the past in this State, or any other state, if different than above: Second the reinsurance intermediary in the past in this State, or any other state, if different than above: Second the reinsurance intermediary in the past in this State, or any other state, if different than above: Second the reinsurance intermediary in the past in this State, or any other state, if different than above: Second the reinsurance intermediary in the past in this State, or any other state, if different than above: Second the reinsurance intermediary in the past in this State, or any other state, if different than above: Second the reinsurance intermediary in the past in this State, or any other state, if different than above: Second the reinsurance intermediary in the past in this State, or any other state, if different than above: Second the reinsurance intermediary in the past in this State, or any other state, if different than above: Second the reinsurance intermediary in the past in this State, or any other state, if different than above: Second the reinsurance intermediary in the past in this State, or any other state, if different than above: Second the reinsurance intermediary in the past in this State, or any other state, if different than above: Second the reinsurance intermediary in the past in this State, or any other state, if different than above: Second the reinsurance intermediary in the past in this State, or any other state,	. Alabama Reins	surance Intermediary License Nu	mber:		
☐ Individual ☐ Corporation ☐ Partnership ☐ Unincorporated firm or association ☐ Limited Liability Company of the names under which the reinsurance intermediary is or may be doing business in this State, or any other state, if different than above: 7. Other names used by the reinsurance intermediary in the past: 8. Complete physical address of the reinsurance intermediary: 9. Mailing Address of the reinsurance intermediary, if different than above: 10. Have you (individual) or the officers and directors (corporate) ever been in a position which required a fidelity bond? ☐ Yes ☐ No If any claims were made on the bond, give details (attach additional pages if necessary).	L. Exact Name of	f the Reinsurance Intermediary:			
6. Other names under which the reinsurance intermediary is or may be doing business in this State, or any other state, if different than above: 7. Other names used by the reinsurance intermediary in the past: 8. Complete physical address of the reinsurance intermediary: 9. Mailing Address of the reinsurance intermediary, if different than above: 10. Have you (individual) or the officers and directors (corporate) ever been in a position which required a fidelity bond? 11. Biographical information of each individual who will be acting on behalf of the reinsurance intermediary under this license (attach additional pages if necessary).	5. Check Legal S	tatus of applicant (a partnership, c	corporation, etc., <u>must</u> submit a certificate	of good standing from the Alabama Secretary of St	ate with this application)
8. Complete physical address of the reinsurance intermediary: 9. Mailing Address of the reinsurance intermediary, if different than above: 10. Have you (individual) or the officers and directors (corporate) ever been in a position which required a fidelity bond? 11. Biographical information of each individual who will be acting on behalf of the reinsurance intermediary under this license (attach additional pages if recessary).		—	1		
D. Mailing Address of the reinsurance intermediary, if different than above: 10. Have you (individual) or the officers and directors (corporate) ever been in a position which required a fidelity bond? 11. Biographical information of each individual who will be acting on behalf of the reinsurance intermediary under this license (attach additional pages if recessary).	7. Other names u	sed by the reinsurance intermedia	ary in the past:		
9. Mailing Address of the reinsurance intermediary, if different than above: 10. Have you (individual) or the officers and directors (corporate) ever been in a position which required a fidelity bond? 11. Biographical information of each individual who will be acting on behalf of the reinsurance intermediary under this license (attach additional pages if recessary).	8. Complete phys	sical address of the reinsurance in	termediary:		
If any claims were made on the bond, give details (attach additional pages if necessary). 11. Biographical information of each individual who will be acting on behalf of the reinsurance intermediary under this license (attach additional pages if recessary).	9. Mailing Addre	ess of the reinsurance intermediar			
	• •	· · · · · · · · · · · · · · · · · · ·	` 1 /		l Yes
	11 Biographical	information of each individual w	ho will be acting on behalf of the reinsu	rance intermediary under this license (attach ad	Iditional pages if necess
					TELEPHONE
				<u> </u>	

TITLE

NAME.

DIRECTORS

SOCIAL.

SECURITY #

DATE & PLACE

OF BIRTH

ADDRESS

FORM AL-RI-1 (2/2004)

STATE OF ALABAMA - DEPARTMENT OF INSURANCE

- 13. Complete the following if the reinsurance intermediary intends to act as a reinsurance intermediary manager (RM):
 - A. List the reinsurer(s) for which the RM will act: Give the full name of reinsurer, NAIC number, state of domicile and federal employer identification number (FEIN) (attach additional pages if necessary):

TOTAL FEES: \$170

Name of Reinsurer	NAIC #	State of Domicile	FEIN

- B. Attach a copy of each fidelity bond of the RM for the protection of each reinsurer named in 8A above (minimum \$100,000, no deductible, with discovery period of at least one year (non-residents see also Section II of this application).
- C. Attach a copy of the RM's errors and omissions policy (\$1,000,000 minimum limits (non-residents see also Section II of this application).

Please read the following very carefully and answer every question:					
14.	Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendre, or having been given probation, a suspended sentence or a fine.	Yes	No		
	If you answer yes, you must attach to this application: a) a written statement explaining the circumstances of each incident, b) a copy of the charging document, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment				
15.	I am familiar with the federal law (18 U.S.C. 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance and understand that it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance.	Yes	No		
16.	Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?	Yes	No		
	"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.				
	If you answer yes, you must attach to this application: a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.				
17.	Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding?	Yes	No		
	If you answer yes, you must submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy, including in your statement whether the judgment, lien or bankruptcy involves the business of insurance and also attach your sworn affidavit confirming that your bankruptcy was not insurance related.				
18.	Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?	Yes	No		
	If you answer yes, identify the jurisdiction(s):				
19.	Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?	Yes	No		
	If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.	Vac	No		
20.	Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	Yes	110		
	If you answer yes, you must attach to this application: a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and b) copies of all relevant documents.				

STATE OF ALABAMA – DEPARTMENT OF INSURANCE

TOTAL FEES: \$170

ALL APPLICANTS MUST COMPLETE THIS PORTION IN THE PRESENCE OF A NOTARY PUBLIC

I,			under penal	ty of perjury as set of	out in the Criminal Chapte	er of
(Type name of Applicant or of Duly Aut the Code of Alabama, 1975, hereby swear or affirm complete answers and responses herein are to be co Code in his decision upon this application and that license for which I am making this application and application.	that all answe nsidered by the I have read and	ers and responses to que Commissioner of Ins d am familiar with the	surance as material to sections of the Alab	o the execution of hi ama Insurance Code	s duties under the Alabam setting forth the qualifica	na Insurance ations for the
арупсиям.			If not signed by in duly authorized re		complete the following as	s to the
				Title		
Original signature of Applicant (if an industrial Duly authorized Representative (if not a				Mailing Addres	s	
Typed Name of Applicant or of Duly Au	ithorized Repr	esentative		City, State, Zip		
				Telephone		
STATE OF						
COUNTY OF						
Before me, the undersigned authority, po	ersonally appea	ared				
who is known to me and who acknowledged before	me that he/she	Name of) e signed the foregoing	Individual or of Du instrument for the p	lly Authorized Repre surposes therein cont	sentative) ained.	
IN WITNESS WHEREOF, I have hereunto set my				-		
,						
(NOTARY SEAL)			Notary Public (Or	iginal Signature)		
(1.0.1.1.1.2.1.1.2)			My Commission I			
SECTION II (TO BE COMPLETED E	BY ALL NO	ON-RESIDENT	APPLICANTS)	1		
	RETALIA	ATORY FEES A	ND OBLIGAT	<u>IONS</u>		
Aggregate Fees an Alabama Reinsurance would owe in your State of Domicile:	e Intermediar		plication Fees	\$	Renewal Fees	\$
B. Aggregate Fees in Alabama:		Initial Ap	plication Fees	\$170.00	Renewal Fees	\$100.00
C. Difference (if less than Zero enter "0"):				\$		\$
If the total taxes and fees an Alaba taxes and fees in Alabama, please renewal).						
Additionally, in Alabama a Reinsurance Intermrepresented in the minimum amount of \$100,00 RM's errors and omissions liability policy with a subject to requirements or obligations in your sobligations in this state.	00 with no de coverage limit	eductible and with a data in the minimum ar	discovery period of nount of \$1,000,00	f at least one year, 00. If an Alabama	and must provide a cop Reinsurance Intermedia	py of the ary would be
Requirements in your state of domicile:	D.	RM Fidelity Bond N	Minimum Limits:			
	E.	RM Fidelity Bond [Discovery Period:			
	F.	RM Errors & Omis	sions Policy Cover	age Limit:		
	G.	Other Requiremen	ts (list):			

STATE OF ALABAMA – DEPARTMENT OF INSURANCE

SECTION II (Con't) [TO BE COMPLETED BY ALL NON-RESIDENT APPLICANTS]

APPOINTMENT OF ALABAMA COMMISSIONER OF INSURANCE AS AGENT FOR SERVICE OF PROCESS

TOTAL FEES: \$170

The undersigned,	, (a corporation), (a partnership),
Name of Reinsurance I	
(a), duly organized under the laws of the State of	f, or (an individual) (state of domicile)
[strike our inapplicable nomenclature], a Reinsurance Intermediary, for purposes of of Alabama Commissioner of Insurance, and his or her successors in office, to be its lashall be served and further agrees that any lawful process against it which is served the Reinsurance Intermediary. The Reinsurance Intermediary gives the Alabama Connecessary to be done under this appointment as fully as the Reinsurance Intermediaty power granted by this appointment. This authority may be withdrawn only upon a welliability arising out of this appointment remains outstanding in this state. This instrumith Section 27-10-50, et seq., Code of Alabama 1975.	complying with the laws of the State of Alabama, hereby irrevocably appoints the awful attorney upon whom all legal process in any action or proceeding against it upon this attorney shall have the same legal validity as if served personally upon immissioner of Insurance, and his or her successors, full authority to do every act diary could do if personally present and ratifies all that lawfully done under the written notice of revocation and in any case shall continue in effect so long as any
The Reinsurance Intermediary designates	
who is a resident of the state of Alabama and whose address is	
as the person upon whom process against the Reinsurance Intermediary served up notify the Alabama Commissioner of Insurance in writing of every change in this desi the Commissioner.	
DATED, this, 20	
	Typed Name of Reinsurance Intermediary
	Original signature of (individual) or (Officer of Corporation)
	Title of Corporate Officer
STATE OF)	
COUNTY OF)	
Before me, the undersigned authority, personally appeared	
who is known to me and who acknowledged before me that he/she signed the forego	(Name of Individual or of Duly Authorized Representative) oing instrument for the purposes therein contained.
IN WITNESS WHEREOF, I have hereunto set my hand and official seal, this	day of
(NOTARY SEAL)	Notary Public (Original Signature)

STATE OF ALABAMA – DEPARTMENT OF INSURANCE

TOTAL FEES: \$170

AFFIDAVIT REGARDING BANKRUPTCY, JUDGMENTS OR LIENS (Attach to application only if required in response to Question 17.)

STATE OF		
COUNTY	OF	
Ι, _	(Applicant's Name)	, under penalty of perjury, do hereby swear or
affirm the f	ollowing facts:	
1.	. , , , ,	ent or lien entered against me in the State of
	in the	year of (Year)
	(State)	(Year)
the busines	ss of insurance.	Signature of Applicant
Su	bscribed and sworn to before me this	Date day of, 20
		Notary Public My Commission Expires: